Somatoform disorders & Factitious disorders

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SHOUT
SHARE
IT

Defenition…

Patients present with physical symptoms that have no organic cause. They truly believe that their symptoms are due to medical problems and are not consciously faking symptoms.

More common in women (except hypochondriasis)

Half of the patients have comorbid mental disorders, especially anxiety disorders and major depression

Types:

- Somatization disorder
- Conversion disorder
- Hypochondriasis
- Pain disorder
- Body dysmorphic disorder

Gains ?!?!?!

Patients are not consciously aware of gains and don't intentionally seek them.

- Primary gain: expression of unacceptable feelings as symptoms in order to avoid facing them
- Secondary gain: use of symptoms to benefit the patient (attention from others, less responsibilities, avoidance of the law)

SOMATIZATION DISORDERS

Present with multiple vague complaints involving many organ systems.

There's a long standing history of numerous visits to doctors.

Their symptoms cant be explained by a medical disorder

Diagnosis and DSM-IV criteria:

- At least 2 GI symptoms
- At least 1 sexual or reproductive symptom
- At least 1 neurological symptom
- At least 4 pain symptoms
- Onset before 30
- Cant be explained by general condition or substance use

Epidemiology

- Incidence in **females** 5-20 times that of males
- Lifetime prevalence is **0.1-0.5 %**
- **Low** socioeconomic groups
- Half have a **comorbid mental disorder**
- 1st degree relative females have **10-20% incidence**
- **30 % concordance** in MZ twins

Course and prognosis

Chronic debilitating disease…

Symptoms may periodically improve and worsen at times of stress.

Management…

NO CURE

- Regular frequent **visits** to primary practitioner
- **Minimize** secondary gain
- Medications **should be avoided** unless clearly indicated as they tend to be ineffective and used erratically.
- **Relaxation** therapy
- **Hypnosis**
- Personal or group **psychotherapy**

CASE ...

Middle-aged woman presents to her primary care doctor with numerous symptoms involving several organ systems. She has been unwell since early adulthood and describes herself as suffering. She is resistant to psychiatric referral.

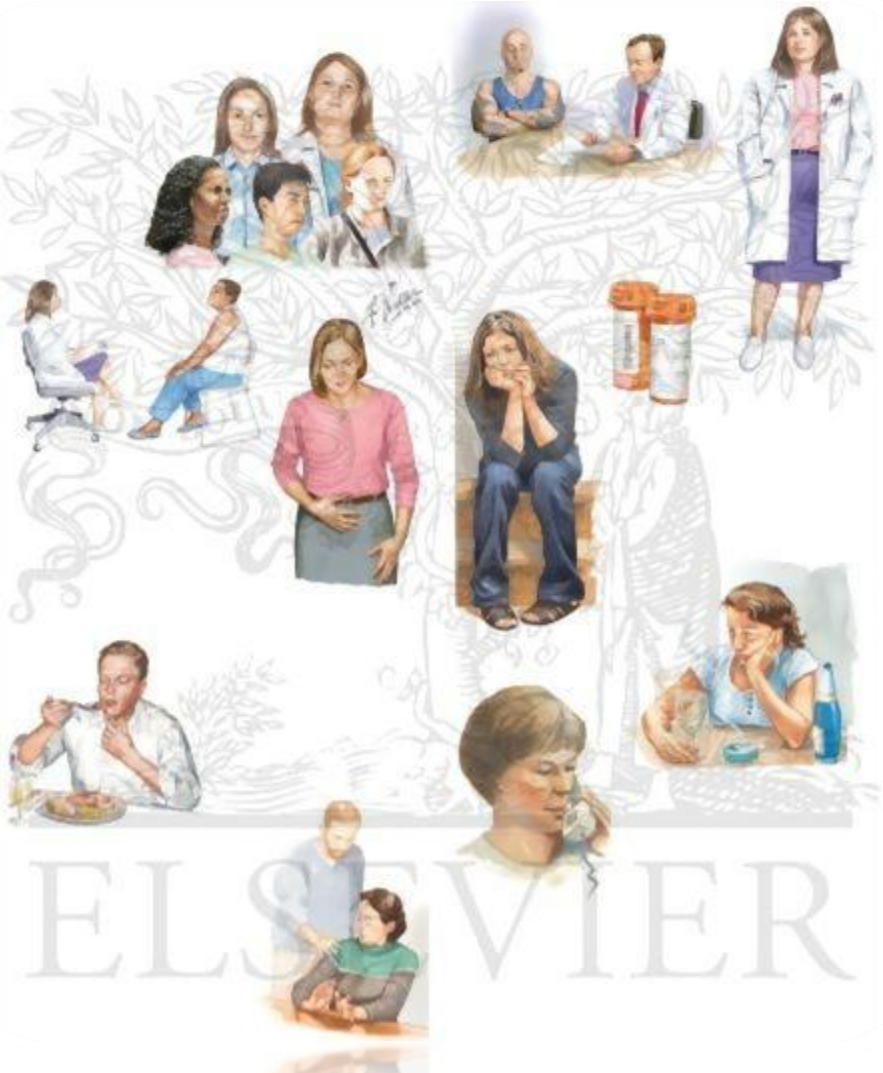
CONVERSION DISORDER

Diagnosis and DSM-IV criteria:

- At least 1 neurological symptom
- Psychological factors associated with initiation or exacerbation of symptom
- Symptom not intentionally produced
- Cant be explained by medical condition or substance use
- Causes significant distress or impairment in social or occupational functioning
- Not accounted for by somatization disorder or other mental disorder
- Not limited to pain or sexual symptom

Symptoms…

- Shifting paralysis
- Blindness
- Mutism
- Paresthesias
- Seizures
- Globus hystericus(sensation of lump in throat)



Epidemiology

- **Common**
- **20-25 %** incidence in general medical settings
- 2-5 times more common in **women** than men
- Onset at any age, mostly **adolescence or early adulthood**
- **Low** socioeconomic class
- High incidence of **comorbid schizophrenia, major depression or anxiety disorders**

Rule out underlying medical causes, as 50 % of patients eventually receive a medical diagnoses

Course and prognosis

Symptoms resolve within 1 month

25% have future episodes, especially during times of stress

Symptoms may spontaneously resolve after hypnosis or sodium amobarbital interview if the psychological trigger can be uncovered

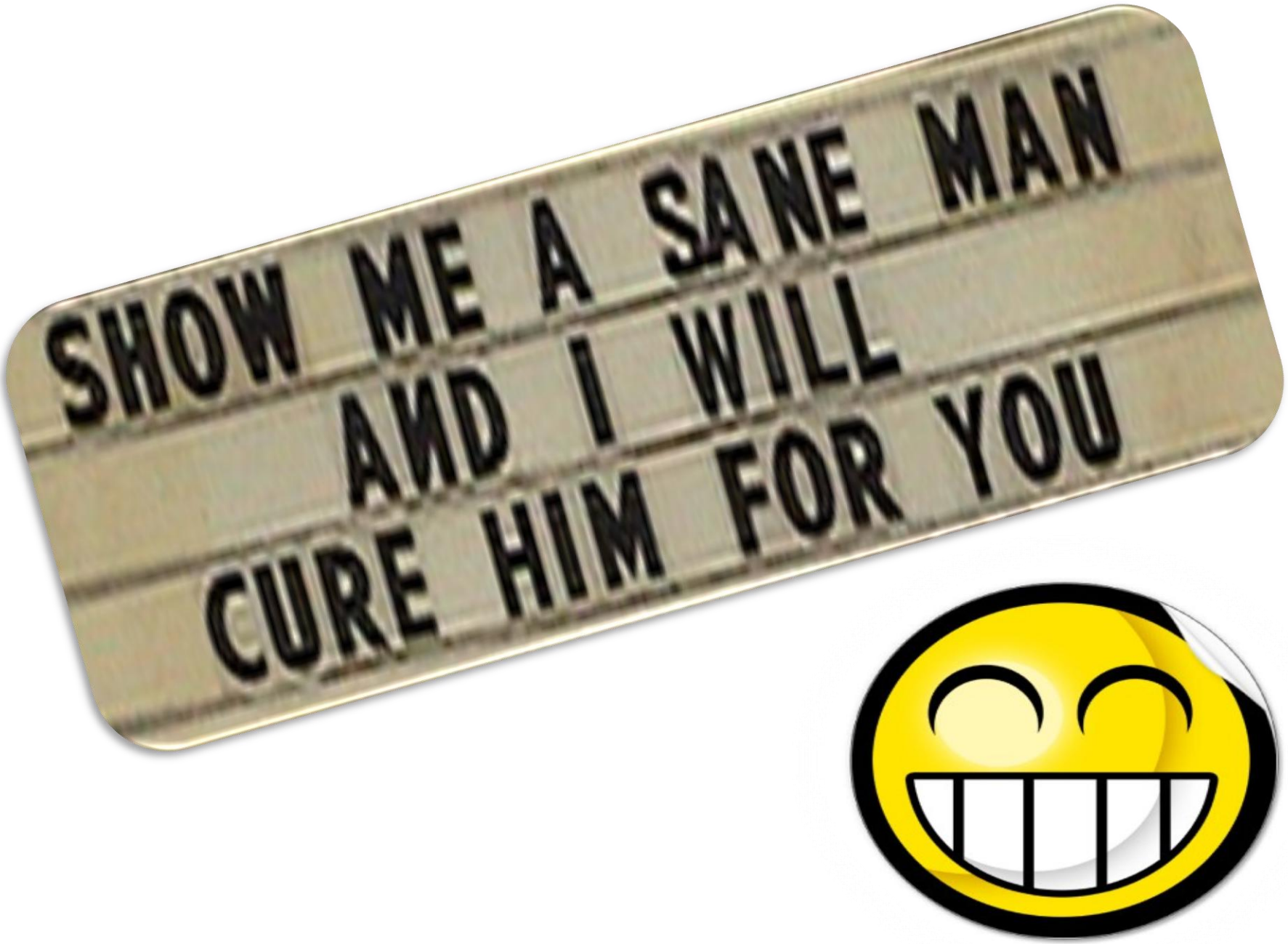
Management…

Most Spontaneously Recover

- Insight oriented psychotherapy
- Hypnosis
- Relaxation therapy

CASE…

A 20-year-old woman visits her doctor stating that she has been blind since the previous day. She seems calm and indifferent. The blindness began one week following her son's death. Her neurological exam is normal, and nerve studies reveal no retinal problems.


SHOW ME A SANE MAN
AND I WILL
CURE HIM FOR YOU

Thank YOU

Hypochondriasis & BDD

Done by : Rawan Jaradat

Hypochondriasis

- Prolonged, exaggerated concern about health and possible illness.
- Patients either fear having a disease or are convinced that one is present
- Patients misinterpret normal bodily symptoms as indicative of disease

DSM-IV CRITERIA

1-Patients fear that they have a serious medical condition based on misinterpretation of normal bodily symptoms

2-Fears persist despite appropriate medical evaluation

3- Fears present for at least 6 months

Epidemiology

- Men affected as often as women
- Average age of onset: 20-30 yrs
- 80% have coexisting major depression or anxiety disorder

Differential Diagnosis

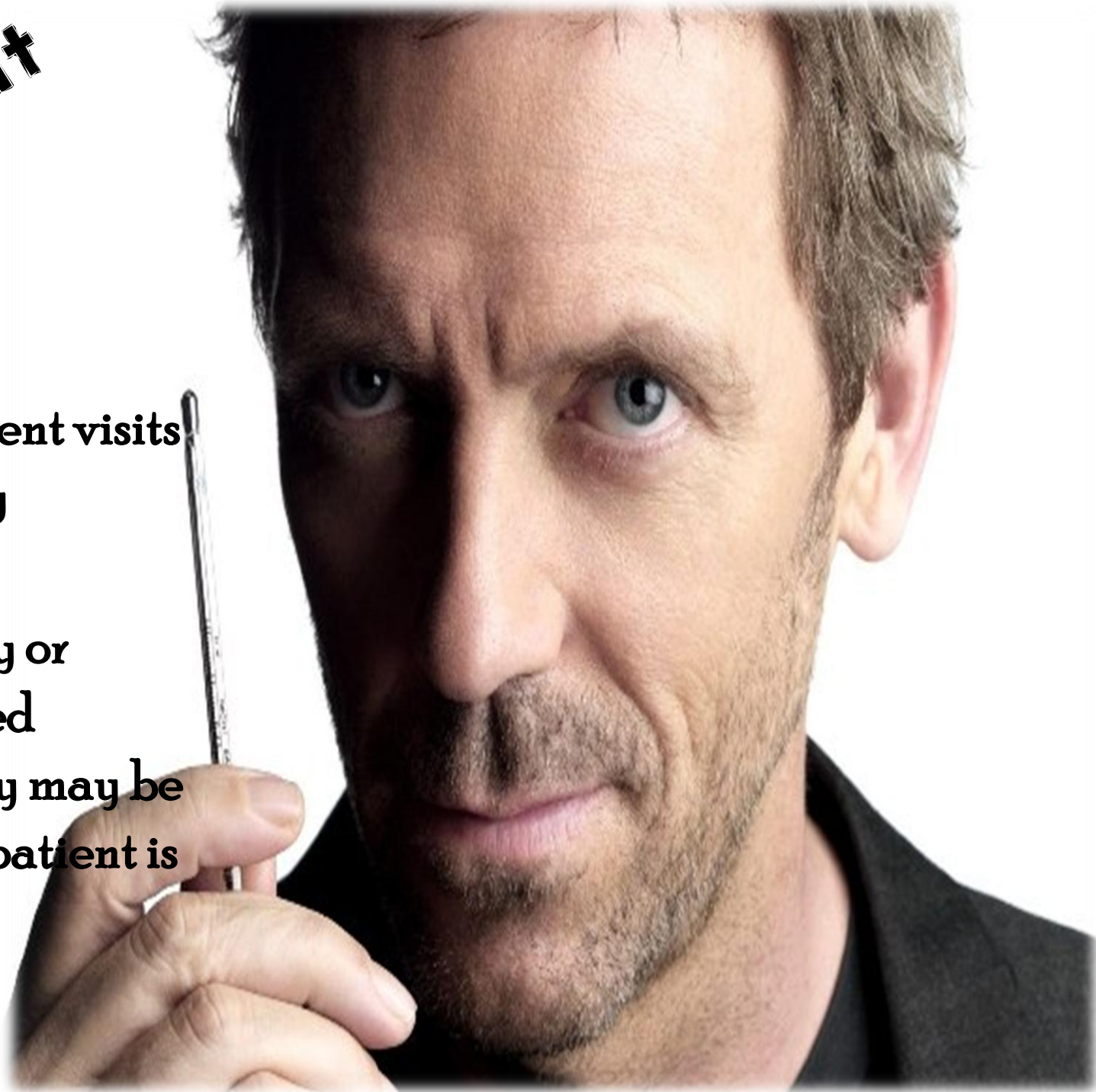
- Rule out underlying medical condition
- Somatization disorder ; hypochondriacs are worried about the disease, whereas patients with somatization disorder are concerned about their symptoms

Course

- Episodic symptoms may wax and wane periodically.
- Exacerbations occur commonly under stress
- Up to 50% of patients improve significantly

Treatment

- No cure
- Regular frequent visits to one primary practitioner
- Group therapy or insight oriented psychotherapy may be helpful if the patient is willing



Case

- A 30-year-old male visits the clinic with concerns about colon cancer. He has had intermittent abdominal pain for the past year and has seen several doctors. All of his tests came back normal and he was initially reassured but then began worrying again a short time later. When he was confronted with the idea of seeing a mental health professional, he storms out of the clinic and seeks another physician.

Body dysmorphic disorder
BDD

Body dysmorphic disorder

- Patients are preoccupied with body parts that they perceive as flawed or defective.
Though their physical imperfections are either minimal or completely imagined, patients view them as severe and ugly.
- Patients are extremely self conscious about their appearance and spend significant time trying to correct perceived flaws with make up, dermatological procedures or plastic surgery

DSM-IV CRITERIA

1-Preoccupation with imagined defect in appearance or excessive concern about a slight physical anomaly

2-Must cause significant distress in the patient's life

Epidemiology

- Women
- Unmarried
- Average age of onset: 15-20
- 90% have coexisting major depression
- 70% have coexisting anxiety disorder
- 30% have coexisting psychotic disorder

Coarse

Chronic, symptoms wax and wane in intensity.

Disease of celebrities

Treatment

Surgical or dermatological procedures are routinely unsuccessful in pleasing the patient

SSRIs reduce symptoms in half of the patients

Case:

20-year-old single female visits a plastic surgeon requesting a nose job because her nose is " huge and ugly ". She says that everyone stares at her because of her repulsive face, so she rarely goes out. On inspection, her nose appears normal and small. After the procedure she is unhappy and still insists that her nose is large.

Thank you
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PAIN DISORDER
FACTITIOUS DISORDER
& MALINGERING

Done by :

Salsabeel Matalqah

CASE

- A 40-year-old female visited an orthopedist for severe ankle pain since a minor ankle injury while playing tennis 10 months ago. Physical exam, x-ray and MRI reveal no abnormality.

PAIN DISORDER

- Prolonged sever discomfort without adequate medical explanation
- Pain often coexists with a medical condition but is not directly caused by it
- History of multiple visits to doctors

DIAGNOSIS AND DSM- IV CRITERIA

- Main complaint is of pain at one or more anatomic sites
- The pain causes significant distress in the patient's life
- The pain has to be related to psychological factors
- The pain is not due to a true medical disorder

EPIDEMIOLOGY

- Women are two times as likely as men to have this disorder
- Average age of onset: 30-50
- Increased incidence in 1st degree relatives
- Increased incidence in blue-collar workers
- Higher incidence of major depression, anxiety disorders and substance abuse

DIFFERENTIAL DIAGNOSIS

- Rule out underlying medical condition
- Hypochodriasis
- Malingering

COURSE

- Abrupt onset
- Increase intensity for the first several months
- Chronic and disabling course

TREATMENT

- Analgesics aren't helpful, and often patients become dependant on them,
- SSRIs
- Transient nerve stimulation
- Biofeedback
- hypnosis
- psychotherapy

FACTITIOUS DISORDER

Patient with factitious disorder intentionally produce medical or psychological symptoms in order to assume the role of a sick patient. Primary gain is the prominent feature of this disorder.

Diagnosis and DSM- IV criteria

- Patient intentionally produce sign of physical or mental disorders
- They produce the symptom to assume the role of the patient (primary gain)
- There are no external incentive
- Either predominantly psychogenic complaints or predominantly physical complaints

Commonly feigned symptoms

- Psychiatric- hallucinations, depression
- Medical- fever, abd. pain, seizures, kin lesions, hematuria

Related disorders

- Munchhausen syndrome
- Munchhausen syndrome by proxy

EPIDEMIOLOGY

- More than 5% of all hospitalized patients
- Males
- Hospital and health care worker
- Higher intelligence, poor sense of identity and poor sexual adjustment

Inpatient hospitalization from abuse provided a safe, comforting environment, thus linking the sick role with a positive experience

COURSE

- Repeated and long term hospitalization

Treatment

- No affective treatment
- Avoid unnecessary procedure and maintain a close liaison with the patient's primary medical doctor
- Patient confronted in the hospital usually leave

MALINGERING

- Faking physical or psychological symptom to achieve personal gain.
- external motivation include avoiding the police, receiving room and board, obtaining narcotic and receiving monetary compensation

PRESENTATION

- Multiple, vague complaints that don't conform to a known medical condition
- Long medical history and many hospital stays
- Uncooperative
- Refuse to accept a good prognosis even after intensive medical evaluation
- Symptoms improve once their desired objective is obtained

Epidemiology

- Hospitalized patient
- men

THANK YOU